


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Application Number	10/523,454
	Filing Date	with an effective filing date of July 28, 2003
	First Named Inventor	Augustinus BADER
	Group Art Unit	1651
	Examiner Name	Allison M. FORD Fax: (571) 273-8300
Total No. of Pages in this Submission: 15		Attorney Docket Number

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee attached

☒ Response

☒ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Part/s Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)

☐ To Convert a Provisional Petition

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Small Entity Statement

☐ Request for Refund

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Additional Enclosure(s) (please identify below):

 Postcard
RCE - 1pg(+ dupl.)

REMARKS

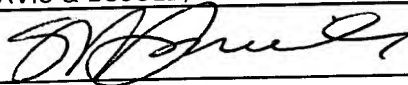
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

 Scott A. Daniels
DAVIS & BUJOLD, P.L.L.C.

 Reg. No. 42,462
CUSTOMER NO. 020210

Signature



Date

January 3, 2007

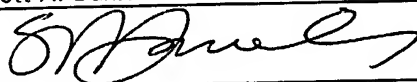
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 3, 2007.

Type or printed name

Scott A. Daniels

Signature

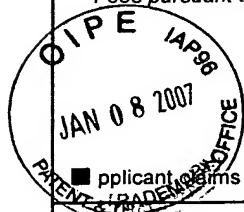


Date: January 3, 2007 (tac)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).



FEE TRANSMITTAL For FY 2006

Applicant certifies small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$620

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/523,454
with an effective filing date of
July 28, 2003
Augustinus BADER
Allison M. FORD
1651

Attorney Docket No.

HEUBEN P03AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)
Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims 3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 = Extra Sheets / 50 = (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)
Extension of Time (2 months) \$225
RCE \$395
Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Atty/Agent) 42,462	Telephone (603) 226-7490
Name (Print/Type)	Scott A. Daniels	Date January 3, 2007	